



Medical Review Panel Expression of Interest

W.S. 9-2-1513 through 1523 provides for the creation of panels to screen medical malpractice claims. Panels will be comprised of two health care providers, two attorneys and one lay panelist. Attorneys who are interested in being placed on the list of panelists should complete this expression of interest and submit it to the Wyoming State Bar office. Applicants must be Wyoming residents and members of the Wyoming State Bar in good standing.

Name _____

Attorney Number _____

Address _____

City/State/Zip _____

Business Phone _____

E-mail _____

Return completed expression of interest to:

Wyoming State Bar
P.O. Box 109
Cheyenne, WY 82003-0109
Fax: (307) 632-3737
E-mail: lbenson@wyomingbar.org